



Keeney Family Resource Center

Permission to participate in Keeney Family Resource Center activities

Dates: 2014-2015 school year

Time: TBA

Place: Family Resource Center and other identified spaces

Child's Name: _____ **Age:** _____ **DOB:** _____

Teacher's Name: _____

Parent/Guardian: _____

Address: _____

Phone: _____ **E-Mail:** _____

Any questions please contact

Tylon Crump Keeney Family Resource Center Coordinator

(860) 647-3354

I give my permission for my child to participate in Keeney school program sponsored by the Keeney Family Resource Center.

Parent/Guardian Signature

Date